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ON SOME ANCIENT MEDICAL DELUSIONS, AND THEIR CONNEC-  
TION WITH ERRORS STILL EXISTING.

[An Address delivered before the Norfolk (Mass.) District Medical Society, November 11th, 1857, and com-  
municated for the Boston Medical and Surgical Journal.]

BY HENRY A. MARTIN, M.D.

We are told by Plutarch that the life of a vestal virgin was divided into three portions: in the first, she learned the duties of her profession; in the second, she practised them; and in the third, taught them to others. Such, says Heberden, should be the life of a physician; and although it would not be difficult to find some "modern instances" of a different view of the matter, in which teaching has preceded practising, nay even learning our art, I shall not allow myself to be led aside by such examples and precedents, but, agreeing with Heberden, and not yet having reached that mature third period of life in which I might assume the teacher's "eye severe," I shall not presume to teach, nor to give you any views, original or otherwise, of any of the complicated duties of a physician. I propose confining the remarks, I am permitted to make on this occasion, to some general reflections on the history of Medicine, on the influence of false doctrines on Therapeutics, and more particularly on the connection of some absurd ancient hypotheses with some more modern but no less absurd; with several popular fallacies, and some still lingering errors in our own materia medica.

No study can present to the mind of the philosophic physician a more remarkable series of subjects for reflection, than the history of his own most ancient and inexact science. To such an one it must often seem that he has wandered into some dark, stormy chaos of

"All the unaccomplish works of Nature's hand  
Abortive, monstrous, or unkindly mixt."

Now and then, to be sure, may be discerned, far distant, some small reflection "of glimmering air less vext with tempest loud"; but,

faint indeed, and far off is the light, and serves only to make visible the masses of darkness, and the strange forms of folly about him. Here and there flicker delusive "*ignes-fatui*," the relics of brilliant meteoric theories, each of which has in its time been hailed and worshipped as a sun by thousands, and which now, even with their waning light, do sometimes entice a fantastic traveller from the rocky, laborious path of true scientific investigation; along which path, for ages, there was indeed but scant illumination, now and then a little ray. As the student journeys onward, however, the lights of science and truth become more frequent, and project farther their luminous and beneficent beams, the clouds of error and false doctrine roll away in dense volumes, and what still remain linger on a distant horizon. The road lies clear before him—rude and difficult, it is true, but leading, let us not doubt, to a resting place, whence, if we cannot gaze full on the sun of truth, we may at least look toward it, and bathe in its floods of light.

Every candid student of medical history will allow that in its earliest records he has perceived, not only a strong desire, and seeking after truth, but the acquirement of much positive knowledge. In the works of that greatest of all merely human physicians, who has been most fitly called the Father of Medicine, are to be found rules for the investigation of Nature in every aspect of disease, and wonderful results of his own researches and observations, filling the reader with admiration and astonishment at every page. Had the methods practised by Hippocrates been carried on by his followers with the same energy and integrity, no one can doubt the result; had physicians confined themselves to that exact observation of the phenomena of disease, and logical induction from such observations, so characteristic of the great master, the history of our profession would not have been tarnished by the myriad follies of mere theorizers, who once held the world an admiring audience, and whose vagaries are even now not infrequently revived for popular and even professional edification. Unfortunately, the most enlightened and honest of succeeding physicians were content to carry, in a napkin, the talent the master had left them, carefully, reverently, it is true, but adding nothing to it; they eulogized his efforts, but made few like them, and in eulogies, commentaries upon, and plagiarisms from the works of Hippocrates, the energies of his followers seem, for the most part, to have been exhausted. They did little but preserve the fire of the master, very little to develop the science; and Medicine soon fell into the hands of the philosophers by whom she was indeed most evil entreated. Every new and contending sect of philosophy seized upon her, and bedizened in their theoretic rags, tinsel and tawdry, she was little indeed like the fair goddess she shall yet appear when her only enrobement shall be her own pure beauty enlightened by the rays of truth.

While Surgery and Anatomy, more exact and demonstrative in their nature, were making real advances, Medicine continued to be the pet of the learned, and hardly progressed at all. Physic was studied rather as a branch of a complete philosophical education than as a profession, and thus became naturally a mere reflection of the opinions of the great masters of Philosophy—now Pythagoras, anon Plato, Epicurus or Aristotle—gaining, indeed, illustrious names among its students, but very little else.

Such continued to be the state of our art, with now and then a brief revival of the methods and doctrines of Hippocrates through the influence of some admiring commentator, till the latter part of the second century of our era, the commencement of the true dark ages of Medicine, when all theories and sects were merged and lost in one, all sunk beneath the mighty dead sea of Galenism. For more than twelve centuries the opinions of Galen held almost undisputed sway in every department of medical science, an empire over the minds of men wonderful for its perfection and continuance, and as an evidence of the power possessed by a transcendent intellect for the perpetuation even of error.

Throughout this long period, there was little or no true investigation of Nature. The respectable portion of the profession agreed in a firm faith in Galen; they would rather be wrong with him than right with any one else; that disputative spirit, the exercise of which, say the malignant, has ever been the most valued privilege of the physician, found its ample gratification, not in denial of the axioms of the master, but in furious disagreements as to their proper interpretation.

During this more than millennium of theory, existed occasionally uneasy spirits, daring faintly to dispute some of the reigning dogmas, but, "rare swimmers in the gulf profound," their appearance hardly rippled the dismal tranquillity of its surface.

The revival of learning and the arts, which has rendered the fifteenth and sixteenth centuries such a glorious era in the history of humanity, and more particularly the restoration of the classics and their study under the auspices of Leo X. and the Medici, soon had the effect of shaking the confidence of men in many ancient systems, philosophical as well as religious. The long-neglected and almost forgotten works of Hippocrates and the early Greek physicians were diligently and enthusiastically studied, and the results of this study were soon perceptible; the brilliant sophistries of Galen paled before the light of truth, the foundations of his system began to crumble. But the first rude and really effective assault upon them, was made by the school of chemical physicians, and chief among them, that arch quack Paracelsus, a strange, unfathomable vagabond, respectable in nothing, but distinguished for a self-conceit and audacity beyond all example, and which, it

need hardly be said, led him to great popularity, renown, and a professorship.

The monstrous chemical, astrological and demonological theories of Paracelsus far transcended, in folly, the hypotheses of the school he so violently attacked. Such absurdities and such unblushing and unbending impudence were the fit means to distract men's minds from one class of errors to another, and from both to true methods of investigation—to the philosophy of Bacon, that wonderful reform, which soon began to shed its benignant light over our own science as over all others; that system of exact observation and logical deduction, the result of which is fruit, not flowers and foliage alone, and among the first fruits of which for our profession was that great physician who has, not inappropriately, been called the "Hippocrates of England"—Thomas Sydenham; the chiefest of the noble concourse of men, who, since that time, have been the glory of our annals; men who have felt that "the first deficiency had been the discontinuance of the ancient and serious diligence of Hippocrates," and so feeling, have repaired and continue to repair the long-cherished error by the most indefatigable labor in the right way.

I here conclude this, perhaps superfluous, historical preface. One of my objects being to demonstrate the influence of false doctrine on therapeutics, I stop at a period when that influence was most strikingly perceptible, the era of Paracelsus and the chemists.

The invigorating and enlightening effects of the inductive philosophy were not so soon perceptible in medicine as in the other and more demonstrative sciences; no avenue of human research was more infested by what Bacon calls "the idols of the Theatre," encumbered on all sides with the rubbish of false and exploded systems, and overgrown by the rank weeds of superstition, credulity and imposture. That all this rubbish has been cleared away, that all this weedy growth has been eradicated, let no one venture to say; that such will ever be the happy result, who is so sanguine as to predict? That much has been done, is true; that much remains undone, is no less so. Old seeds of error germinate afresh, and new ones are still planted. That such will be the case while ignorance and credulity continue to exist not only outside, but also within the profession, is to be expected. While scores of very imperfectly-educated men are yearly suffered to enter our ranks, "armed and equipped as the law directs," with diplomas, assuring all to whom they come, of the bearer's sufficient knowledge of an art in whose every branch he is wofully deficient, so long will every medical delusion, new, or revived, find followers, disciples and eulogists, not only among the laity, but even in our own professional body. While knaves—and there are knaves in all professions—find that a quicker and more brilliant penny can be turned by appealing to the



credulity, rather than to the reason, of the public; while straws are grasped by drowning men and shadows pass for substance, so long will old delusions be revived, and new ones conjured up; every new "pathy" find its myriad followers, and every new "path" reap a goodly golden harvest from the broad fields of human weakness.

The so-called science of Therapeutics was, of all branches of Medicine, during the seventeenth century, the most peculiarly overwhelmed and involved in every species of absurdity. While for ages scientific medicine lay dead, and what stood clothed in its likeness was, for the most part, not a study of Nature but of the opinions of some theorist; while very few steps were taken toward truth, but an infinite number in error, theory succeeded theory, passed away, and was forgotten, but in passing away left a greater or less impress on Therapeutics—threw some parting tokens into her ever open coffers. Thus the materia medica became a mighty granary of chaff, with here and there a grain; a great treasure-house of rubbish, with now and then a jewel. For ages steadily increasing, steadily accumulating, went on the vast mass of good, evil and inertness, which has been to multitudes a stumbling-block and rock of offence, until under the school of the chemists the pharmacopœia assumed the most formidable aspect, both from the number and absurdity of its contents.

The student of the present day, after the disinfecting lapse of two centuries, can hardly turn over the pages of a pharmaceutical work, of the period to which I refer, without a feeling of nausea. When he scans the "carte," with its *bufones exsiccatae—sanguis et fel canis—ungulus et urina asini—stercus cati domestici—testiculi cervi—cor—pinguedo exuviaeque serpentis—saliva equi et hominis jejuni—omentum—butyrum—urina—stercus—sanguis menstruale—aurium sordes—sudor—secundinae—semen hominis*, and ten thousand more; a first course with *jus viperinum* and a delicate dessert with *poma ambrae—trochisci viperae—pili leporis—cornua scarabæi*, and the like; he may be willing to admit that the entertainment is extensive, and curious, nay unique, but inclined to deny its appetizing qualities, and to think that even those sapient men who long ago nodded over the board spread by their own infinite perception of occult value and virtue, must have felt, if not an occasional "*embarras gastrique*," an "*embarras des richesses*" most certainly.

Among the best services of the best men who have illustrated our annals, has been, not adding to, but gradually clearing away, in a great measure, this Augean accumulation. Sydenham's admirable reform in the treatment of smallpox relieved the materia medica of a great many substances supposed to favorably influence the course of that terrible disease, once an opprobrium of medicine, but now, through the labors of Sydenham and Jenner, one of its

proudest triumphs. The dressing of wounds with cold water was a part of the practice of Hippocrates; its revival, which modern surgery owes to a quack, one Maitre Doublet, and to the good sense of Ambroise Paré, in adopting the quack's practice, drove from the *materia medica* of surgery such a multitude of vulneraries and such farragoes of salves, fomentations and other dressings, as appears utterly incredible to the student not versed in the antiquities of our art. Thousands of articles, which formed the wealth of the ancient pharmacist, are now forgotten; multitudes of labored formulæ, the glory and pride of old physic, are clean gone forever; even that mighty medical saurian, the *Theriaca Andromachi*, to whose care and ornament the greatest physicians of Rome were proud to devote their thoughts and energies, is dead; that wondrous monster, which in its prime boasted seventy-five articulations in its learned length; which, shorn of a few of its caudal vertebræ, still lived in the genial academic nurture of the London College of Physicians till the middle of the last century, was at last killed, transfixd by a weapon of wit and wisdom in the hands of the illustrious William Heberden, and even that conservative publication, the London Pharmacopœia, has no trace, no record, of its ever having existed, though Dr. Paris informs us that in the "Codex" are still to be found its embalmed remains.

We have got rid of a vast deal of rubbish, and enough light is thrown on what is still left, to convince us that much of that is far from valuable—that although the *materia medica* has lost the glaring absurdity which once characterized it, there is still a great deal contained in it that is useless, or of such doubtful value that it could well be spared. If such remedies as, after long, careful and repeated observation, have been well ascertained to possess decided and valuable medicinal power, should be retained, and the multitudes of "*incipia remedia*" and articles that are plainly now merely employed through reverence for old authority and prescription, discarded, the student would more easily acquire a valuable and thorough knowledge of the comparatively few really reliable means at his command, than he now can a very uncertain and superficial acquaintance with the whole of the existing *materia medica*; a vain, empty and delusive learning, difficult of acquisition, and worthless when acquired—filling the mind with froth and fustian, notions and prejudices and reliances, gradually one by one to be resigned, not without humiliation and chagrin, by the true and earnest inquirer as experience and reflection demonstrate their futility.

Many substances, really inert and useless, owe their reputation to their connection with some forgotten theory. The theory is dead, but some of the errors it engendered are living. It has sometimes occurred to me that if such connection could be clearly demonstrated, something might thereby be done to shake the con-

fidence of the profession in what is unworthy of confidence, but still lays claim to it from long usage, authority, and that antiquity which does so much in many minds to adorn even deformity and establish error. To trace the reputation of every supposed remedy to its origin in some exploded theory, or the discovery of its virtues by accident, or in rare instances by philosophic inductive reasoning, would be a vast, but, I doubt not, most useful undertaking. It would do much to strengthen that belief, which at present exists in many minds, that the science of pharmaceutics is one of great uncertainty, and much of it of little compared with its reputed value. Its strikingly valuable truths are comparatively few, its errors and doubts are innumerable. What have appeared to many the effects of a remedy, have been often doubtless the natural sequence of the phenomena of disease. Many articles are used because they have been used before; their employment is sanctioned by authority and routine. Something, it seems to be supposed, must be done; if one doctor won't dose, there are plenty who will; people must have physic, whether in gilded or ungilded pill, or infinitesimal globule, in disagreeable draught or delightful dilution; they must die "*selon les règles*" now, as well as in the days of Molière. And while this is what the public expect from a medical man, that he should be, or pretend to be, not *minister*, but *magister nature*, so long will those medicines which, however valueless, enjoy a traditional reputation as quellers, annihilators, jugulators of disease, be used, and physicians who do not use them be liable to the censure of knowing, officious friends, and the whispered criticisms of professional brethren whose faith is more abounding; so long will the pill or potion be esteemed the cause of the ensuing phenomena, whether auspicious or otherwise. It is very important, however, that a different mode of regarding medical science should possess the popular mind, and that men should consider the physician, not merely, on the one hand, as "an affable and accomplished gentleman who amuses the patient while nature cures the disease," or, on the other, as a person whose whole business is "*clysterium donare, postea sanguinare, ensuite purgare, resanguinare, repurgare et reclysterizare*"—but as a man who, while he fully recognizes and understands the great value of many, very many of the remedial appliances of his art, has paid vastly the greater part of his attention to the study of the phenomena of disease; and while, in a given case, these phenomena follow each other in natural sequence, and without complication, considers himself often best employed in simply watching them, and as it were guarding the patient. It is proper that the invaluable remedies of which we possess a goodly array should be carefully reserved till there is a clear indication for their use; it is also proper that remedies of this high order should be those principally employed, and that when unimportant medicines are used, it should be fully understood

that they *are* unimportant, and that they exercise no considerable control over disease or its developments. Had such been ever the practice of physicians, our profession would have had a firmer hold on the affection and respect of the people than it has at present, and the upright, conscientious practitioner, who, seeing no occasion for a prescription, says so, and gives none, would not be liable, as now, to have his patient, with his often much-needed fees, slip into the hands and pocket of some more knowing brother, who soothes with genial placebo the physic-craving fancy of the patient, or some charlatan who with his mystic globules accomplishes the same benevolent object.

[To be continued.]

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#### NEW STAND FOR THE COMPOUND MICROSCOPE.

BY O. W. HOLMES, M.D.

[From the Proceedings of the department of Microscopy of the Boston Society of Natural History, Aug., 1887.]

THE more especial object of this mechanical arrangement is to facilitate the use of the *direct light* of a lamp placed close to the object. Many of our microscopists must have seen Mr. Spencer use a lamp in this way, holding it in his hand and varying the distance and obliquity so as to produce the particular effect desired. The advantages of direct light are its easy management, its brilliant effects, and the more perfect definition it gives of delicate objects. But, inasmuch as the heat and smoke of the lamp ascend, this method of illumination can only be used with the microscope-tube (or *compound body*) in the horizontal or moderately inclined position, unless the lamp be so far removed as to lose its peculiar advantages. It is evident that the lamp cannot be used at all with the tube vertical and directly over it.

If an instrument is to be employed in the horizontal or slightly inclined position, it will require a *stage movement*; otherwise both hands will be needed to move the object, and will even then find it awkward to do so, as the object must be secured to prevent its sliding. Again, if the stage is inclined, and the lamp close to it, it is evident that the broader the stage the more it overhangs the lamp, and the more it is exposed to its smoke and heat. By making the stage open at top, like a horseshoe, we get rid of this difficulty entirely.

An instrument that answers this *special* object alone, namely, the use of direct light, can be made, on the general plan of the one I show the Society, with great ease, and at small expense. But as it is sometimes necessary or convenient that the object should be placed horizontally and the microscope-tube vertically—as in examining fluids with low powers, or opaque bodies—certain additions have been made to this model to render it capable of

being so used; reflected light, or the use of the condensing lens, being substituted for the mode of illumination for which it is specially adapted. This, of course, involves the expense of a mirror and lens with their adjustments, which is, however, trifling, if the plan here shown is followed.

The instrument is represented in working order in figure 1.

The base of the whole is a box made of black walnut, three quarters of an inch thick, having two uprights, of the same material and thickness, firmly screwed to the inner edges of the strips which partly cover it. On each side of these uprights, over these partial covers, are screwed two thick pieces of black walnut, with holes for the eyeglasses on one side and the objectives on the other.

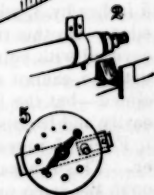
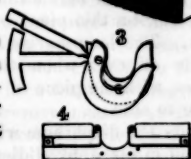
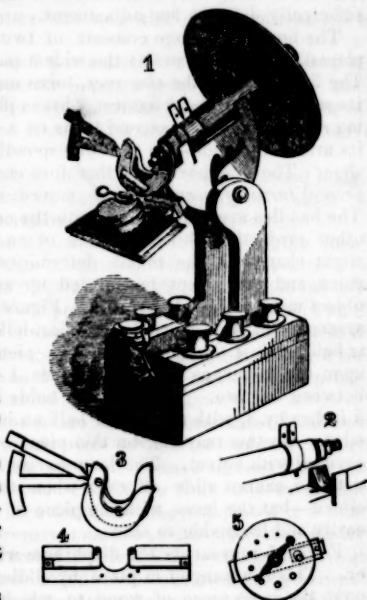
This box is open at one end to receive a flat-iron or other weight, if required, and to admit the other parts when the instrument is packed.

Between the uprights is received the *bearing semicircle*, made of three pieces of black walnut glued together, the inner one having the grain directed lengthwise, the two outer ones vertically. This is provided with a "slot" partly vertical, partly horizontal, and several notches. A binding screw holds it at any angle and at various heights between the uprights.

The microscope-tube, made heavy by a leaden tube inside, is laid upon two V-shaped supports cut out of the wood, being held solely by its weight when used in the horizontal or inclined position.

The microscope-tube has a ring an inch wide, fitting tight, but becoming loose on pressing its handles, and having a little projection or spur on the side opposite its handles, as shown in figure 2.

The anterior V-shaped support is also shown in this figure. It has a piece of brass let into the wood for the spur on the ring to



play against. As the posterior surface of this support is slanted about one sixteenth of an inch, it is evident that in turning the tube through a semicircle it will advance or recede that distance. This turning of the tube is performed by means of the black paste-board disk clasped to the tube near the eye-piece, which makes a sufficiently delicate fine adjustment.

The horseshoe stage consists of two pieces of brass, cast and planed, 4 inches across at the widest part, and 3 inches in height. The first, nearest the observer, turns on a screw at the centre of its semi-circumference against a brass plate screwed to the bearing semicircle. The second turns on a screw which unites one of its arms—the right—to the corresponding arm of the first horseshoe. The first horseshoe therefore carries the other with it; the second *turning very easily*, is moved independently of the first. The handles are flat, the one with the cross next the observer, the other projecting three quarters of an inch beyond it, so that a slight change of the thumb determines whether one alone shall move, and the object be carried up and down, or both, and the object move from side to side. Figure 3 shows the principle of arrangement, and figure 4 the object-holder with its springs, which is held against the horseshoe by a piece of brass plate screwed upon the latter, as shown in figure 1—the object-holder sliding between the two. The tray that holds the lamp is of sheet-iron, 5 inches by 3, with a ledge of half an inch in width at its remote edge. On this tray rests a thin piece of wood of the same size, covered with velvet. The lamp having its base covered with velvet also, cannot slide off, even when the microscope is much inclined—but the lamp, with the piece of wood on which it rests, is easily slid from side to side.

Figure 5 represents the diaphragm with the achromatic condenser. This is arranged in place by sliding its foot under a spring upon the same piece of wood to which the tray for the lamp is fastened.

The dimensions of various parts not yet given are as follows: *Inside* dimensions of the box, length 8 inches; width 5; height 2; from bottom of inside of box to binding screw, 11 inches. Distance between uprights  $1\frac{1}{2}$  inches. Bearing semicircle same thickness. Radius of this semicircle  $3\frac{1}{4}$  inches. Object-holder  $7\frac{1}{2}$ . Diaphragm 3 inches in diameter.

If desired to use the microscope in the vertical position, the tube must be held firmly against the supports, the tray removed, and the mirror represented in figure 1 brought into its place. A loose ring of plate brass capable of being made fast to the bearing semicircle serves to fix the tube. The mirror is a plane one, set in an open frame. If a plano-convex lens is placed over it, it acts like a concave mirror; if the mirror is removed, the same lens may be used as a condenser.

In packing this instrument, the tray and diaphragm go at the bottom of the box, the bearing semicircle is held by the binding-screw between the uprights, and the pasteboard disk is held at the side of one of the uprights. The lamp and other accessions go into the box.

The leading peculiarities and novelties of the instrument will now be indicated.

1. Union of stability and portability. The base gives a sufficient degree of steadiness for common purposes. But by sliding a common *flat-iron* into its interior it becomes as firm as the most ponderous instruments of Ross, which are too heavy to be carried about with comfort.

2. The facility with which the *height* of the compound body, as well as its inclination, may be varied by means of the "slots" and notches in the bearing semicircle.

3. The mode of focal adjustment by rotation of the tube, or compound body. This has a movable ring upon it with a projecting spur, which bears against the slightly inclined posterior surface of the anterior V-shaped support of the tube. The disk which protects the eyes is used as a lever, and thus a very smooth and uniform motion without the smallest amount of "lost time" or "back lash" is obtained without rack and pinion, spring or screw.

4. The open horseshoe stage, with the movable object-holder received upon its remote (anterior or inferior) surface, the glass object-slide being itself pressed by springs against the remote surface of the object-holder. It follows from this arrangement, 1st. That if one object is in focus, all others mounted in a similar manner are in focus, or very nearly so; 2d. That the thickness of the stage becomes practically reduced to nothing, as the glass side is next the lamp, and behind, or below, everything except the springs that press it forward against the remote face of the object-holder.

5. The double *radial* stage-movement. The horseshoe piece next the observer turns from side to side on a screw passing through the lower or middle portion of its arc. The other horseshoe piece turns on a screw fixing it to one arm of the first, so that it moves up and down. The arcs they follow form so small a part of a circle that the eye cannot distinguish their movement from a rectilinear one. The *bolt and crossbow* flat handles, working singly or together, make the management of the stage-movement very convenient.

6. The flat-wicked lamp, so mounted as to move freely without the possibility of slipping, at whatever angle the apparatus may be inclined.

7. The combination of mirror and lens in an open frame, so as,



by slight alterations, to serve a triple purpose; that of a plane mirror, of a condenser, and of a substitute for the concave mirror.

8. The simple and effective mounting of the achromatic condenser and the diaphragm attached to it.

It remains for others to determine if any or all of these innovations are improvements.

### Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE MIDDLESEX EAST (MASS.) DISTRICT MEDICAL SOCIETY. BY E. CUTTER, M.D., SECRETARY.

THE Middlesex East District Medical Society held its eighth annual meeting, Nov. 4th, at the house of Dr. J. Nelson, in Woburn. After the transaction of business and the election of officers for the ensuing year, Richard L. Hodgdon, M.D., and Joseph Underwood, M.D., both of West Cambridge, were chosen honorary members.

The following paper on a case of inversion of the uterus was then read by Dr. Truman Rickard, of Woburn.

*Inversion of the Womb*, complete, or even partial, is a very grave occurrence—"one of the most dangerous accidents that can happen to a lying-in woman." Our profession has reason to rejoice that the intelligent practitioner seldom knows anything of it, except what knowledge he derives from books. But cases now and then occur—melancholy cases—especially where our own personal friends are in peril, when the physician is summoned in haste to witness, with a bleeding heart, the sad results ignorance has brought about, and to do what best he may, in the face of fearful odds, to correct the mischief, to stay the rapidly ebbing powers of life, and rescue the sufferer from the perilous position in which she is situated.

CASE.—On the evening of Sept. 7th, 1857, at about half past nine o'clock, I was requested to visit Mrs. C. I was informed that a midwife was in attendance—that the child was born several hours previous, but that there was trouble with the afterbirth. I subsequently learned that Mrs. C. was taken in labor at eleven o'clock on the evening of Sept. 6th, and that the child was born at five o'clock in the afternoon of Sept. 7th. Of the character of the labor I have no knowledge; but immediately following the birth of the child, she was very comfortable, and mutual congratulations were expressed by herself and husband in view of the favorable progress of affairs. The husband subsequently went to his office, and spent the usual time there. On his return home, in the latter part of the evening, he found that there was trouble—that the midwife had not succeeded in removing the placenta—and I was sent for. Upon entering the chamber, I found the attendant sitting by the patient and bathing her face with camphor. I took my seat by the patient, laid my finger upon the radial artery, and asked her how she did. She replied, "I don't know." Her appearance was as follows: face very pale, lips white, respiration sighing, pulse small, feeble and frequent. The midwife remarked to me that something was the matter; that she had *almost* got the afterbirth

away *two or three times*, but she had not succeeded in removing it. I found the placenta low down in the vagina, and resting upon the perineum. As I passed my finger along the cord, it came in contact with a denuded surface of the placenta, and the substance of the placenta tore easily under my finger. Upon attempting to remove the afterbirth with my finger, and making *very gentle traction* upon the cord at the same time, the cord came away. I then introduced three fingers and removed the placenta without trouble. The sensation made upon my finger by the cord at its *apparent* point of insertion, was as if a strip of cloth had been slit into shreds, and the impression made by the parting of the cord was like the separation of the fibres of an untwisted thread—*there was no strength in it*. As I passed my fingers over the placenta, I perceived an elongated, ovoid tumor immediately above it, and on laying my hand upon the hypogastrium, the uterine globe could not be felt there. She was not flooding when I removed the afterbirth, neither did she flow at all subsequently, and the midwife says she had not flowed previously.

Regarding the patient as in imminent danger, I requested that Dr. B. Cutter might be called in consultation. He was sent for, and arrived in a few minutes. While the messenger was gone for him, I administered a full draught of old Madeira wine. Dr. Cutter, on examination, found the womb partially inverted. The os uteri was about four inches in diameter, and situated a little above the middle of the inverted fundus. He immediately reduced the uterus, which did not contract readily. Two drachms of the wine of ergot were administered, and Dr. Cutter passed a bit of ice into the womb, where his hand was still remaining. Compresses and a bandage were applied to the abdomen. The pillows were taken from under her head, and three bricks were placed under each post of the bedstead at her feet. Hot brandy and water was administered freely. Sinapisms were applied to the breasts and arms, and bottles of hot water to the lower extremities. For a time the pulse rallied after each dose of brandy, but soon began to fail again. Before midnight it ceased to respond to the brandy, and ceased at the wrist. There was now great distress at the præcordium, and an earnest desire to pass water. The catheter was introduced, though but little water was found in the bladder, yet the desire to urinate continued. Great restlessness and jactitation, with an oppressed respiration, supervened. We attempted to administer ammonia and water, from a feeding-cup. She may have swallowed a little of the first dose, but deglutition had become difficult, and on attempting soon after to repeat the dose, I found the teeth firmly set. She continued to sink till a little before one o'clock, when the vital spark became extinct.

Dr. Cutter and myself carefully examined the cord and the placenta. The cord was of good length and medium size. Its placental end was deprived of its covering for an inch or more, and its vessels and nerve were separated. The placenta was perfectly healthy and its membranes very strong. There was a hole through it where the cord had been torn out, about the size of a half dollar.

From an intelligent lady, who was present from seven o'clock till a few minutes past nine in the evening, we have learned some of the facts pertaining to this sad case. Upon her arrival at seven o'clock, she found the midwife pulling vigorously at the cord. Upon being

asked if she understood the case, the midwife replied that she did; and when asked "if she had pulled as hard as she could upon the cord," she replied that "she did not know as she had, *but she had pulled very hard.*" *At this time the patient was very pale, faint and exhausted.* Once afterwards she was taken up and placed upon a chamber vessel, with the hope that this would favor the removal of the placenta. As soon as she was seated, she threw up her arms, threw back her head and swooned.

The appearance of the patient indicated that she had flowed profusely. But it was stated by the midwife that there had been no flooding, and although Dr. Cutter and myself sought for proofs of it among the soiled clothes, we could find none.

Dr. Ephraim Cutter made a *post-mortem* examination of the body, thirty-two hours after death. The womb was found perfectly in place. There was no rupture of the organ, and consequently no hæmorrhage into the peritoneal cavity. The bloodvessels appeared emptied. Upon turning the womb inside out, minute portions of the placenta were found adherent. The probability is, that it was a case of adherent placenta.

But what was the cause of death? While the appearance of the patient externally and internally indicated that the system had been drained of the vital fluid, we have no proof of hæmorrhage, but a statement to the contrary. We are left, then, to the conclusion that the patient died of exhaustion from the violent and long-continued efforts made to extract the placenta, in connection with the overpowering influence of an inverted uterus produced by pulling upon the cord. The symptoms clearly indicate that inversion had occurred as early as seven o'clock. The patient was healthy, and the uterine system normal, and everything connected with the labor, up to the birth of the child, natural.

A discussion upon the subject of Dr. Rickard's case ensued, in the course of which circumstantial evidence was adduced to show that the funis had been torn off and the placenta removed, and both replaced, by the midwife, before she sent for a "doctor." The cord was of medium size, at least twenty-five inches long: the placenta was perfectly healthy, and the membrane, which covered its foetal face, at the insertion of the cord, was too strong to be torn by a strong pull with a thumb and finger—evidently proving that the cord could not have been separated from the placenta without a great degree of violence.

At this juncture, the Society adjourned to partake of a bountiful supper provided by the host. Afterward, the following communication, detailing two cases of placenta prævia, was read.

Mrs. D. came to her second labor on the 17th of July, 1857. Her first labor was natural. On two occasions—one six, the other, two weeks previous to her present sickness—there had been a sudden discharge of blood from the vagina. This soon ceased, and she asked no medical advice at those times. This morning (July 17th), on rising from bed, there was a gush of blood upon the floor. She returned to her bed, and the hæmorrhage recurred at intervals during the morning. She declined calling a physician, because she had no pain. Her friends becoming alarmed, I saw her at 11½ A.M. She was lying on her back, in a perfect pool of blood, the pulse hardly perceptible. On

examination, the os uteri was found fully dilated, and the placenta directly over it. She had fainted several times, and was now in the condition described by Ramsbotham, "faint and gasping and cold; the uterus quite inactive, with its mouth widely open, and possessing that degree of unresisting flabbiness which to an experienced hand is indicative of the most urgent danger." In this condition I deemed any attempt to empty the uterus injudicious, as it would not probably contract sufficiently to render the woman safe. Stimulants were exhibited till the patient was roused from her torpid state, and then a full dose of ergot was given with a view of causing the uterus to contract after delivery. Shortly afterward, without changing the position of the patient, the edge of the placenta was detached sufficiently to allow of the passage of the right hand, with which the feet of the fœtus were seized and the delivery slowly accomplished—the left hand pressing over the uterus to excite it to contraction. The placenta followed the child immediately, and the womb soon contracted. The mother now seemed out of immediate danger, and attention was directed to the child. It was not supposed that the child could have survived the repeated fainting of the mother. There were no indications of life, but Marshall Hall's ready method was adopted with it, and at the end of twenty minutes it gasped and shortly after cried. From this time the mother and child went on as well as in ordinary cases. The points of interest in this case, other than those which placenta prævia always presents, are the full dilatation of the os uteri, with no more pain than the slight gripping which is felt on the first accession of uterine contractions; and, secondly, the success of the ready method in the asphyxia of a new-born infant.

CASE II.—Mrs. L. was taken in her third labor, July 12th, 1857, at 12, P.M. Her former labors had been natural; the first under the care of a physician, the second, and this one, attended by a female, of whose qualifications let the case speak. The patient had had a sudden flow of blood from the vagina, without pain, six weeks previous, at which time she called her attendant, who thought she was about to be confined. She kept her bed a week, and then resumed her duties. The same thing occurred two weeks before her present illness. July 10th, she commenced flowing at 12 o'clock at night, without pain, and continued to do so under the assurance that she was doing well, till the next afternoon, at two. At this time she was faint and cold, and covered by a cold perspiration. This state of things she was told was caused by the death of the child. After friction and external stimulants, she rallied, and continued to flow. At 7½, P.M., a "professor" of the N. E. Female Medical College arrived. Brandy was given, and some medicine from a vial, of the nature of which the mother, my informant, knew nothing. At 10½, P.M., three hours after the arrival of the professor, the child was brought into the world; and at 12½ the patient expired.

*Oil of Tansy.*—Dr. Chapin, of Winchester, introduced the subject of oil of tansy in its ecboic and toxicological relations, and related a case in which he was summoned at midnight to visit a married female, "in a fit." The patient was found in bed, partly conscious, and in paroxysms. A distinct smell of the oil pervaded the apartment. Vomiting had occurred. He immediately exhibited ipecacuanha and sulphate of zinc, which was followed by free emesis. In an hour the

mind became clear and she got along very well. The woman was four months advanced in pregnancy, and took the oil for abortion. The quantity taken was half a fluid ounce. Dr. C. stated that some cases have been fatal.

Drs. B. Cutter and Drew, of Woburn, adduced similar cases, and Dr. Underwood, of West Cambridge, spoke of a young woman in a hotel who took the oil to procure abortion. The immediate effect was violent convulsions. At full term a child was born, *not larger than a rat*. The child lived three weeks. This case was mentioned to show that the oil sometimes arrests growth. Dr. Toothaker, of Wilmington, spoke of a middle-aged married woman who took two fluid ounces of oil of tansy in divided doses without effect. She then resorted to the woods, although it was midwinter, and the snow knee-deep, and gathered a quantity of savin leaves, an infusion of which was freely taken without success. At term, she bore a medium-sized child, which for some time was esteemed *non compos*. Now, however, at the age of ten, the child is a bright boy.

*Oil of Cedar.*—Dr. Ingalls, of Winchester, spoke of the exhibition of half a fluid ounce of oil of cedar, which was followed by nausea and fright. The girl took it for an emmenagogue. Dr. Hodgdon, of West Cambridge, said he attended a woman who had been in convulsions three or four hours on taking cedar oil. After an emetic, she recovered, with no ill effects. The patient was chlorotic, and dosed for amenorrhœa. Dr. Underwood asked if the use, by midwives, of an infusion of raspberry leaves, in place of ergot, was known to the Society. Drs. B. Cutter and Drew had found draughts of cold water useful to increase pains, and allowed their patients a free use of the article during labor. Dr. Toothaker inquired if the *uva ursi* would act as ergot. In one case he used the infusion very freely, *with no effects*. On exhibiting a moderate dose of ergot, contractions immediately ensued.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 10, 1857.

### NEWSPAPER REPORTS OF MEDICAL MEETINGS.

At a late meeting of the New York Academy of Medicine, a discussion took place concerning a resolution which was offered two months previously by Dr. J. G. Adams, and then laid upon the table. The resolution was as follows :

*“Resolved, That this Academy, recognizing the medical journals as the legitimate channels of communication with the profession, cannot, except in extraordinary emergencies, sanction the publication of its proceedings in the daily newspapers, and more especially in such as are in the habit of publishing quack advertisements.”*

Dr. Adams supported his resolution by some able remarks, in the course of which he read a scurrilous attack upon the Academy from the *New York Times*, called forth by this very resolution. Now the *New York Times* is the identical paper in which the proceedings of the

Academy are reported, and yet in spite of this indecent and abusive paragraph, the Academy proceeded, after a discussion, to lay the resolution again upon the table, by a nearly unanimous vote, Dr. Adams only voting in the negative. That we may not be accused of exaggeration, we quote the offensive paragraph alluded to, which was published in the *Times* for Oct. 10th.

"Unless the times mellow we shall have the whole Academy of Medicine drawn up with hat in hand on the steps of the hospital, and if they hang on their breasts the improved sign-board, 'I am poor and blind to my own interests,' the people will give them credit for telling the truth. For at their last meeting a silly fellow moved, and the Academy entertained the motion, that its proceedings be forbidden to the reporters—never suspecting, what all sensible men know, that if the daily press should let them alone in their stupidity, they would tumble forth-into such a bottomless pit of oblivion that the oldest foggy in the Historical Society could not remember they ever slept and did nothing above ground."

Our curiosity was greatly excited to discover the reasons why the Fellows of the Academy wished to have their proceedings published in a daily paper, and especially in one which had so grossly insulted them; but we have searched in vain for them in the report in the *Times*; on the contrary, we find in the report itself the best reasons why the proceedings of the Academy should not be published in that paper, at least: its report is very imperfect, and contains numerous blunders which admit of no excuse.

Although there are some instances in which it is obviously allowable to publish reports of the proceedings of scientific bodies in the daily papers, we believe that the opinion of the medical profession is decidedly against it, and we know of no city, except New York, in which the transactions of medical societies appear in the newspapers. We regret that this exception should occur in a city which contains so many eminent medical men. It is an appeal to the public, instead of the profession; in other words, it is quackery. There must necessarily be much in the transactions of a medical society which is unfit for the perusal of children and females, and, we may add, for many of the other sex, and there is also much in medical discussions which tends to unsettle the mind of the public, incapable as it is of judging in a purely scientific matter. The proper medium for the publication of the proceedings of medical societies is that of journals which are devoted exclusively to medical science. The only reason we can imagine which could have induced the Fellows of the New York Academy of Medicine to allow their transactions to appear in a secular journal, is the desire of bringing their names before the public, and not that of advancing the science of medicine.

#### REPORT ON TYPHOID FEVER.

We notice, in the *New Hampshire Journal of Medicine*, a letter from Dr. W. H. Thayer, of Keene, asking contributions for the history of typhoid fever during the years 1856 and 1857, in New Hampshire, to be presented to the New Hampshire Medical Society, at the next annual meeting. We feel so sure that Dr. Thayer's report will be one of interest and value, if his efforts are seconded by the various physicians of the State, that we take the liberty of calling the attention of those of our readers who reside in New Hampshire to his circular. It is very desirable that the following particulars be given:—Number of

cases in each month. 2. Number of families. 3. Number of fatal cases. 4. Age, sex and occupation. 5. Name of town. 6. General character of the disease in each year; prominence of abdominal, pulmonary or cerebral symptoms. 7. In how many of the cases did each of the symptoms, diarrhoea, delirium, cough and rusty sputa occur? 8. Character and frequency of secondary affections. 9. Topography of the town; elevation, character of soil, water-courses or ponds, &c.

#### NEW WORK ON PARASITES.

We have seen the prospectus of a work on the "Parasites of Man," which is now in the course of preparation by Dr. David F. Weinland, a gentleman who has paid special attention to this subject for many years, and whose opportunities for investigation, both while Curator of the Royal Zoölogical Museum of Berlin, and at the present time in the laboratory of Prof. Agassiz, have been very great. The work will be issued in four parts, each containing eighty pages in quarto, and two or three plates on stone by M. Sonrel, the artist who executed the splendid illustrations in Prof. Agassiz's "Contributions to the Natural History of the United States." Dr. Weinland was induced to commence this undertaking by the advice of Drs. A. A. Gould and Morrill Wyman, and the plan is highly approved of by Prof. Agassiz. We cannot but believe that Dr. Weinland will obtain the necessary number of subscribers to warrant his printing the work, especially since there is no good book on the subject in the English language.

#### THE DAGUERREAN ART IN MEDICINE AND SURGERY.

For some time, the daguerreotype has conferred much benefit upon the profession, by enabling practitioners to secure representations of disease externally manifested, and also copies of internal lesions observed *post mortem*. In surgical cases, especially, much advantage has been derived from thus taking views of the diseased part at different times, and also in exhibiting the final result.

A few days since, Dr. John B. Brown, of this city, showed to us certain daguerreotype views of individuals residing at a distance—some of them in Canada—who were affected with distortion of the feet, of different degrees of intensity. The representations thus sent enabled him to decide what procedure should be adopted, and whether it would be necessary for the patient to be under daily inspection or not. The results of operations done to remedy club-foot have often of late thus been sent to Dr. B. The same plan has been effectively adopted in cases of spinal distortion. The many advantages secured both to patients and their advisers by this method, must be evident, and the daguerreotype apparatus may be fairly considered one of the articles of the surgeon's *armamentarium*. The Talbotype process is even better suited than that of Daguerre for sending these views to a distance—paper being used to receive them instead of a heavy plate.

#### OPERATIONS FOR IMPERFORATE ANUS.

DR. GILMAN, of Hatfield, calls our attention to a case of imperforate anus operated upon successfully by him, a report of which may be found in the JOURNAL for Sept. 7th, 1853, and which is of interest in connection with the late discussions on this subject in several of the medical societies of Boston. In this case, the fæces passed through



the bladder in small quantities. The operation consisted of an incision from the extremity of the coccyx along the perineum, and continued up the natural course of the bowel one and a half inch, until the rectum was reached. The parts were kept open by tents, and afterward by a tube. In a few weeks, the parts were healed, and an artificial anus established, as good as natural. No feces appeared afterward in the urine, nor was there any reason to believe that the urine passed into the rectum. The child, at the age of one year, was remarkably large and vigorous, but has not since been seen.

#### "WINTER RETREAT" FOR INVALIDS.

Dr. N. D. BENEDICT has established a *Sanitarium*, with the above title, at Magnolia, Florida; and from the description of the surrounding country, the nature of the climate, and the good character of the physician, we think those who are obliged to seek restoration of health will have every reason to be satisfied with the arrangements, and will derive benefit from a residence at Magnolia.

It will, of course, devolve upon the medical attendants of such persons, to advise them whether a mild or warm climate will benefit them more than a dry and cool one. Those who need the former, it would seem, could not be better situated than at the "Retreat."

Dr. Benedict is well known to professional men, in New York city, particularly, where he at one time held responsible offices with much credit to himself. He also practised his profession in Philadelphia, and is well spoken of by physicians of the highest reputation there. Ill health, originally, forced him to seek a more congenial climate, and being restored, he now devotes himself to the management of this institution. We wish him success, and can confidently recommend his establishment. His testimonials are of the highest description.

AFTER the last monthly meeting of the Suffolk District Medical Society, on Saturday evening, the 28th ult., there was a social entertainment, which, it is needless to say, was numerously attended.—We would call the attention of our readers to the medical works in New York advertised in the present number of the JOURNAL, and also to the library of foreign professional books offered for sale in that city.

**NOTICE TO SUBSCRIBERS.**—In the next number of the Journal, bills will be enclosed to those of our subscribers who have not already paid their dues. It is hoped that the importance of prompt payment, under the present state of the times, will be obvious to all. The amount due from each one is small, while the aggregate is of the utmost importance to the publisher.

**Books and Pamphlets Received.**—Reports of Cases in the Surgical Practice of the Brooklyn (N. Y.) City Hospital.—Annual Announcement of Lectures in the Atlanta (Ga.) Medical College for 1853.—The Rights of Authors, by Dr. Maryann Paine.

**MARRIED.**—In Medford, Dec. 24, Dr. Ruel Spooner, of New Bedford, to Miss Susan Bursley, of Barnstable.—In Worcester, Dec. 2, Dr. David E. Hall, of West Killingly, Conn., to Nancy P. Tenney, of Sutton.—In Epping, N. H., Dec. 1st, Dr. Francis V. Noyes, of New York, to Miss Sarah E. Plummer, of Epping.—In Concord, N. H., Nov. 21st, Francis W. Craigin, M.D., late U. S. Consul at Paramaribo, to Miss Mary A. Le-Bosquet, of Greenfield, N. H.—In Rockland, Me., Nov. 23d, Dr. Herbert C. Bradford, of Lewiston, to Miss Julia M. Fales, of Rockland.—In Orange, N. J., Nov. 25th, J. B. Moffett, M.D., of Mineral Point, Wis., to Miss H. A. Larned, of Watertown, N. Y.

**Deaths in Boston** for the week ending Saturday noon, December 5th, 81. Males, 50—Females, 31.—Apoplexy, 2—congestion of the brain, 1—disease of the brain, 1—inflammation of the brain, 1—cancer in the stomach, 1—cancer in the uterus, 1—consumption, 16—convulsions, 3—cholera infantum, 1—colic, 1—croup, 2—debility, 1—diarrhea, 1—dropsy, 2—dropsy in the head, 1—infantile diseases, 7—puerperal, 1—exhaustion, 1—scarlet fever, 4—typhoid fever, 2—homicide, 1—disease of the heart, 1—intemperance, 2—disease of the kidneys, 1—inflammation of the lungs, 5—old age, 1—palsy, 1—pleurisy, 6—rheumatism, 1—scrofula, 1—suicide, 1—syphilis, 1—trethning, 5—thrush, 1—sore throat, 1—unknown, 1.

Under 5 years, 32—between 5 and 20 years, 4—between 20 and 40 years, 18—between 40 and 60 years, 18—above 60 years, 9. Born in the United States, 53—Ireland, 22—other places, 7.

## IMMORAL ADVERTISEMENTS.

THE following note is from a highly respected correspondent and subscriber in Western New York, and affords increased evidence that the subject on which it treats is beginning to receive the attention which it merits from the profession.

*Messrs. Editors.*—The article on quack advertisements in the Journal of the 19th ult., is timely, and to the purpose. The subject is one that deserves more attention from the profession than it has hitherto received.

The proprietors of newspapers are accustomed to plead that they are not responsible for the truth or the consequences of what is published as advertisements. It is the business of the public, they say, to look out for themselves. If they are deceived and cheated, it is their own concern.

However this may be—and the argument is not essential to our present purpose—it is undeniable that whatever is hostile to purity and morality, admits of no such defence. Indecent and immoral advertisements are wholly unjustifiable. It is no part of the legitimate business of newspapers, to come into families defiled with the disgusting details of the most debasing of all vices, or even with notices of the diseases peculiar to women. To these indecencies we must add the immoral feature of many of these advertisements, which are framed to attract the attention of the profligate and vicious, who desire to prevent or remedy the consequences of unlawful indulgence.

That which the law would punish as a crime, namely, the administration of medicine to produce abortion and destruction of offspring, is boldly advertised with a hypocritical "warning," that the real object of the medicine may be the better understood.

A prominent newspaper before me, contains several advertisements of this description. One of them, more unguarded than the rest, declares, that the medicine never fails to restore "suppressed men-s-es" from whatever cause; that it is unequalled as a "preventive of conception," enabling women to "prevent or regulate the increase of their families as they desire;" and that it "will certainly produce miscarriage" if used by females in a "certain situation."

Besides the ordinary fraud of quackery, these advertisements delude ignorant and weak-minded persons with the belief that medicine will enable them to escape the consequences of criminal conduct, by which means temptation is inevitably strengthened. Then, after loss of character, they are robbed of their money by those whose falsehoods have probably been instrumental in causing their ruin.

Can it be possible that respectable proprietors of newspapers will consent to sustain this scandalous system, and divide the profits with its infamous projectors? Will not physicians begin to give this matter some attention, using their influence to abate the evil? The recent multiplication of these advertisements may be considered an exponent of a corresponding increase of licentiousness. Those who are careful to provide their families with a pure literature, have also something to do in this matter, if they would not have the minds of the young familiarized with impurity and its consequences.

It may be said that the removal of indecent and immoral advertisements would obviate only a fraction of the evil, since the criminal reports, with all their disgusting details, would remain, and it would be vain to hope for a thoroughly expurgated newspaper. But does it follow that the family newspaper should be made as bad in these respects as possible? Besides, the objection does not reach at all the immoral quality of the advertisements under consideration.

If the publishers of newspapers will adhere to the "business rule" which allows them to ignore the character of everything which bears the name of "advertisement," that they may thus add a little to their gains, would it not be well to apply the pecuniary argument to the other side, by refusing the admission into families of newspapers which contain the nuisances in question. E.

The new building for the Louisville (Ky.) University, to supply the place of the one burnt down, is in a state of readiness for a session the ensuing winter.

The fourth course of lectures in the Atlanta (Geo.) Medical College, will commence on the first Monday in May next, and continue until the last of the following August.